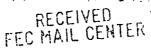
Direct T314.259.4702 F314.552.4861

jdalton@armstrongteasdale.com



2016 OCT 11 AM 9: 57

MISSOURI KANSAS COLORADO NEVADA ILLINOIS SHANGHAI

September 298, 2016

Federal Election Commission 999 E Street NW Washington, DC 20463

Re: Kilroy Rising Pac

Dear Sir or Madam:

The undersigned and Armstrong Teasdale LLP serve as legal counsel to Kilroy Rising, LLC. In that capacity, we hereby submit the attached FEC Form 1, Statement of Organization, for Kilroy Rising Pac.

Please file this Statement of Organization in the ordinary course and acknowledge the same by correspondence to the Committee's email address with a copy to jdalton@armstrongteasdale.com.

Should you have any questions or need anything further with respect to this matter, please contact me at your convenience. Thank you for your assistance.

Yours truly,

Joyathan F. Dalton

JFD:its

Enclosure

And Santa

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7700 FORSYTH BLVD., SUITE 1800, ST. LOUIS, MO 63105 T 314.621.5070 F 314.621.5065

ArmstronoTeasdale.com

2016 - 10 - 11 - 05 - 00102586

FEC FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

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(Revised 06/2012)

NAME OF COMMITTEE (in full)	(Check if name is changed)	e Example: If typing, type over the lines.	12FE4M5	
KILROY RISING PAC	111111			لـا
ADDRESS (number and street)	2620 Martha Stre	eet, Suite 202 1 1 1 1 1	<u>! </u>	Ш
(Check if address is changed)			<u>} </u>	Ш
	Philadelphia ⊥ ⊥ CITY ▲		PA 19125	
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)	info@kilroyrising	.com		لــا
·	Optional Second E-Ma		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	┙
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
✓ (Check if address is changed)	www.kilroyrising.	.com		
				لــا
2. DATE 09 01	2016			
3. FEC IDENTIFICATION NU	JMBER ▶			-
4. IS THIS STATEMENT	NEW (N) O	R AMENDED (A)		
I certify that I have examined th	is Statement and to the	best of my knowledge and belief i	t is true, correct and complete.	
Type or Print Name of Treasurer	Scott R. Kesters	on		
Signature of Treasurer	John		Date 09 / 23 / 2016	~ ~
NOTE: Submission of false, errone	•	nation may subject the person signing	this Statement to the penalties of 52 U.S.C. §3 WITHIN 10 DAYS.	30109.
Office		For further information Federal Election Commiss	contact: FEC FORM 1	

Toll Free 800-424-9530 Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) , This committee is a principal campaign committee. (Complete the candidate info	ormation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign of information below.)	committee. (Complete the candidate
Name of Candidate L	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorize	ed committee.
Name of Candidate	
Party Committee:	
(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization of	on line 6.) Its connected organization is a:
Corporation / LLC Corporation w/o Capital Stock	ck Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NC committee. (i.e., nonconnected committee)	OT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6	5.)
Joint Fundraising Representative:	er man
(g) This committee collects contributions, pays fundraising expenses and disburses no committees/organizations, at least one of which is an authorized committee of a fe	
(h) This committee collects contributions, pays fundraising expenses and disburses ne committees/organizations, none of which is an authorized committee of a federal committee.	
Committees Participating in Joint Fundraiser	
1. FEC ID nun	nber C
2.	nber C
3.	nber C
4.	nber C

FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na	me	
	•	SECTION OF SECTION
. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
<u> KILROYIRISING, ILILO</u>		
Mailing Address	2620 Martha Street, Suite 202	
	[Philadelphia] PA La	9125 -
	CITY STATE	ZIP CODE
Relationship: Connec	eted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: le	dentify by name, address (phone number optional) and position of the person	in possession of committee
Full Name <u>David</u>	I _t Garcian Printer Factor Printer Pri	
Mailing Address.	29209 Gateway Drive	
	<u> </u>	
to the state of	Lake Elsinore 22	2530 -
Title or Position	CITY STATE	ZIP CODE
Business Manager	Telephone number 951	- <u> 25₁1 </u> - <u> 4432 </u>
Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name of Treasurer Scott	Kesterson :	 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address	2620 Martha Stylling	
	Ste 202	
-	Philadelphia LI PA L1	9125 -
Title or Position President/iFounde	r;]- <u>[324]</u> - <u>[5618]</u>

CITY

FEC Form 1 (Revised 02/2009)

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No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next	Business Day Delivery			
Received from House Records & Registration Offi	Date of Receipt ice			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Pate of Receipt or Postmarked			
PREPARER ()	LOUI (6 DATE PREPARED			